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Date Commission Expires

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STATE CORPORATION COMMISSION OF KANSAS TO THE OTHER OF THE OTHER OF THE OTHER	API NO. 15- 065-23,026-00-00
OIL & GAS CONSERVATION DIVISION	·
WELL COMPLETION FORM	County Graham
ACO-1 WELL HISTORY	100' East of
DESCRIPTION OF WELL AND LEASE 4-1-05	- NW - NW - NE Sec. 18 Twp. 9s Rge. 21 X W
KCCWICHITA	
Operator: License #5135	330 Feet from $S(N)$ (circle one) Line of Section
Name: John O. Farmer, Inc.	Z210 Feet from (E/W (circle one) Line of Section
Address P.O. Box 352	Footages Calculated from Nearest Outside Section Corner:
	(NE), SE NW or SW (circle one)
City/State/ZipRussell, KS 67665	Control of the contro
	Lease Name <u>McFarland</u> Well #1
Purchaser: NCRA	Field Name Morel
	Producing FormationArbuckle
Operator Contact Person: <u>John O. Farmer IV</u>	Arpackte
Phone ( 785 ) 483-3144	Elevation: Ground2281! KB 2289!
	Total Depth
Contractor: Name:Discovery Drilling Co., Inc.	70сас верси
License:31548	Amount of Cunface Disc Co
Wellsite Geologist: Matt Dreiling	Amount of Surface Pipe Set and Cemented at Feet
	Multiple Otens Co. 11 C. 11 C. 15
Designate Type of Completion MAR 3 0 200	Multiple Stage Cementing Collar Used? X Yes No
X New Well Re-Entry Workever FIDENT	If yes, show depth setPort Collar @ 1785 Feet
A New Wett Re-Entry Werkerver In Car	IAS
V Oil CID CION TO THE THE PARTY OF THE PARTY	Alf Alternate II completion, cement circulated from1785
X Oil SWD Temp. Abd.	feet depth to <u>surface</u> w/ <u>300</u> sx cmt.
Gas ENHR SIGW	
Dry Other (Core, WSW, Expl., Cathodic, etc.)	Drilling Fluid Management Plan
If Workover/Re-Entry: old well info. as follows:	(Data must be collected from the Reserve Pit)
Operator:	Chloride content <u>6,000</u> ppm Fluid volume <u>320</u> bbls
Well Name:	Dewatering method used <u>evaporation</u>
Well Name:Old Total Depth	
	Location of fluid disposal if hauled offsite:
Deepening Re-perf Conv. to Inj/SWD <	Location of fluid disposal if hauled offsite:
Plug Back PBTD	
Plug Back PBTD	Location of fluid disposal if hauled offsite:  Operator Name
Plug Back PBTD Commingled Docket No	Operator Name
Plug Back PBTD Commingled Docket No. Dual Completion Docket No.	
Plug Back PBTD Commingled Docket No	Operator Name License No
Plug Back PBTD Commingled Docket No. Dual Completion Docket No. Other (SWD or Inj?) Docket No.	Operator Name
Plug BackPBTDCommingled	Operator Name License No License No E/W
Plug Back PBTD Commingled Docket No. Dual Completion Docket No. Other (SWD or Inj?) Docket No.	Operator Name License No
	Operator NameLicense NoS RngE/W  County Docket No
Plug Back PBTD  Commingled Docket No.  Dual Completion Docket No.  Other (SWD or Inj?) Docket No.  1-8-05 1-17-05 1-28-05  Spud Date Date Reached TD Completion Date  INSTRUCTIONS: An original and two copies of this form shall	Operator Name License No Quarter Sec Twp S Rng E/W  County Docket No  be filed with the Kansas Corporation Commission 130 S Market
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Form ACO-1 (7-91)

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Distribution

SWD/Rep

KCC

KGS

NGPA

Other (Specify)